

Application for Appointment

Category requested: Full time Part time

Department: _____ Specialty: _____ Subspecialty: _____

Personal Information

Full name: _____

Sex: F M Date of Birth: _____

Nationality: _____ Other Nationality: _____

Marital Status: _____

Place of birth:

City: _____ Quada': _____ Country: _____

Nb. & place of registration: _____ Mouhafaza: _____

Mother's Full name: _____

Spouse's Full name: _____

Spouse's Date of Birth: _____

Children name:

Date of Birth:

Address:

Street: _____

Building: _____

Floor: _____ Area: _____

City: _____

Home telephone: _____ Mobile phone: _____

Email: _____

Academic Record

M.D. Degree

Name of institution	Degree	Date received
_____	_____	_____

Residency

Name of institution	Degree	Date received
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Fellowship

Name of institution	Degree	Date received
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Other degrees

Name of institution	Degree	Date received
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Professional Experience (clinical, teaching, administrative)

Present appointment: _____

Name & address of institutions	Position	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Have you ever been asked to leave, or have your contract terminated in any University or Hospital? Yes No

If yes, please explain.

Research interests and plans (attach additional sheets if necessary)

Utilize this space to provide any information that you may feel could help in properly evaluating your application.

References

Full name	Email
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Agreement

I, the undersigned _____ declare that the information disclosed on this application is true and correct. I understand that in the event any of the information is found to be false or incorrect, it would be sufficient cause for termination of my contract.

Full Name _____ Signature _____ Date _____

Please attach the following documents to your application:

Mandatory Documents:

- A detailed C.V.
- Civil status
- Baccalaureate II certificate
- M.D. diploma
- Specialty diploma (s) (Board Certification)
- Other diplomas
- Transcript of records (Medical & Postgraduate)
- Residency and Fellowship certificates
- Two letters of recommendations
- Names, emails, and phone numbers of the CEO, CMO and HR persons you worked with.
- Registration at the Order of Physicians
- Permission of practice in Lebanon
- Photocopy of academic activities and titles obtained
- Passport size photo

Required Documents (if listed in the C.V.):

- Books; Chapters in books (local and international)
- Scientific articles in National and/or International
- Scientific papers or poster presentations at international conferences, meetings, etc...
- Other scholarly articles, presentations, posters (social, political, administration, etc...)
- Membership in Professional National and/or International Societies
- Continuing Medical Education at National and/or international meetings, symposia, courses, workshops, etc...)
- Publication

PLEASE WRITE THE CITATIONS IN THE FOLLOWING FORMAT:

Boivin MA, Kalm SR. Symptomatic hypocalcemia from oral sodium phosphate: a report of two cases. Am J Gastroenterol 1998. 93(12): 2577-2579